

Receipt # _____

TROY RECREATION DEPARTMENT

**WINTER SWIM TEAM
At Lincoln Community Center**

**Mondays and Thursdays from 4:15 -5:15 p.m.
March 6- May 11, 2006**

Youth ages 6 thru 18 years old

Name _____ Male/Female

Address _____ Phone _____
(street) (city) (zip)

Birthdate _____ Age _____

Allergic to any medication? _____

Doctor's name _____ Phone _____

Emergency call _____ Phone _____
(neighbor or relative)

WAIVER AND RELEASE

We, the undersigned, being fully aware of the dangers inherent to the sport of swimming, do give permission for our son/daughter to participate on the Youth Winter Swim Team. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, Lincoln Community Center, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Winter Swim Team Program.

Date _____ Signature _____
(parent or legal guardian)

REGISTER WITH SWIM INSTRUCTOR THE FIRST DAY YOU ATTEND